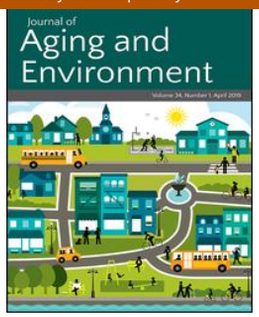

Journal of Aging and Environment

ISSN: 2689-2618 (Print) 2689-2626 (Online) Journal homepage: https://www.tandfonline.com/loi/wjhe21

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To cite this article: J.E.M. (Anja) Machielse & W. (Wander) van der Vaart (2020): Improving Social Quality in Housing Complexes for Older Adults: Professional Support as a Necessary Condition, Journal of Aging and Environment, DOI: 10.1080/02763893.2019.1684414

To link to this article: https://doi.org/10.1080/02763893.2019.1684414

JOURNAL OF AGING AND ENVIRONMENT
https://doi.org/10.1080/02763893.2019.1684414

Improving Social Quality in Housing Complexes for Older Adults: Professional Support as a Necessary Condition

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ABSTRACT

Social quality in housing complexes for older adults depends largely on the opportunities to participate in social activities and the social connections between residents in the complex. The aim of this mixed-methods study was to explore the possibilities of residents in low-income housing complexes to improve the social quality in their complexes, and to get insight into their need for professional support. Results showed that the self-organizing capacity of the residents is limited due to a lack of knowledge and organizational skills, and health problems. Improving social quality requires permanent attention from facilitating professionals who guide the process and ensure continuity.

KEYWORDS

Housing; social participation; social networks; social work; aging in place; community building

Introduction

Most older people want to remain living in their homes and communities, rather than in residential care, for as long as possible, provided that certain conditions are met, for instance, a suitable (physical) environment and a "livable" community (Levitt, 2017; Phillipson, 2011; Pynoos, 2018). To realize this, programs have been implemented that aim to benefit older adults "aging in place" in age-friendly communities (Bigonnesse & Chaudhury, 2019; Buffel, Phillipson, & Scharf, 2012; Fitzgerald & Caro, 2014; Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009; Scharlach, 2012). Because social participation greatly influences the well-being and health of older adults, many of these programs strive to foster opportunities for active participation and the creation of citizen-to-citizen ties (Cannuscio, Block, & Kawachi, 2003; Greenfield & Mauldin, 2017; Scharlach & Lehning, 2013). Several studies suggest that social interactions between citizens constitute an important factor in the development of community attachment,

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even where those interactions are of a relatively fleeting and everyday nature (Emlet & Moceri, 2012; Lawton, 1983).

The expectation of an environment in which they can easily participate and make contacts is an important incentive for a growing number of older adults to opt for an housing complex for the elderly (Liddle, Scharf, Bartlam, Bernard, & Sim, 2014; Pardasani & Thompson, 2012; Petersen & Warburton, 2012; Seifert & Schelling, 2018). Their preferences can vary considerably. Some people prefer living in a small complex where they feel safe and secure. Others prefer larger complexes that offer more of a choice of social contacts and where they can otherwise live relatively anonymously (Clough, Leamy, Miller & Bright, 2005; Lai 2005; Singelenberg, Stolarz & McCall 2014; Spierings & Ache 2018). Older adults feel most at home in a complex that has a certain homogeneity in terms of income, cultural background and ethnicity (Gilleard & Higgs, 2005; Fromm & De Jong, 2009). Intergenerational residential communities, in which younger and older people live together, also offer many options for meaningful interactions (Olsberg & Winters, 2005), although research shows that setting up such communities does present complex challenges (Brown & Henkin, 2014).

In recent years programs have been developed to positively influence the social interactions between residents. In most programs, the assumption is that residents dispose of self-organizing skills and are capable to mobilize fellow residents and create supportive informal networks. Various studies, however, show that these skills are not self-evident for all older adults (Kaida & Boyd, 2011; Walsh, O'Shea, Scharf, & Shucksmith, 2014). The skills are even less developed among older adults with fewer economic resources and low socioeconomic status (Mathie & Cunningham, 2003). Besides, for individuals with good self-organizing abilities, these skills decrease as they age or require more care.

The purpose of this paper is to explore the possibilities of residents of low-income housing complexes for the elderly to improve the social quality in their complexes and to get insight into the degree of support residents need from professionals. The study measures social quality against two indicators: social participation (do residents participate in activities?) and social contacts (do residents interact with each other?).

Methods

Data of this study are derived from the "Vital Living Communities" experiment that was conducted between September 2016 and September 2017 in the Netherlands (Machielse, Bos, Vaart, van der & Thoolen, 2017). For the experiment, 10 residential complexes spread over the Netherlands were selected. Inclusion/exclusion criteria were (1) complexes of housing

corporations with rental dwellings labeled for residents aged 55 or older with a low socioeconomic status (in the Netherlands socioeconomic status is measured through three indicators: income, education level, and professional status); (2) 35 or more apartments in the complex; (3) willingness of the housing corporation to deploy a professional (residential consultants and social managers); (4) willingness of the residents' committee to participate actively.

In the 10 selected complexes the number of residents ranged from 36 to 265 (mean 115), and the average age of the residents ranged from 70 to 85 years (mean 77 years). The response to the survey varied from 24 to 69% (mean 35%) per complex. The percentage of women ranged from 57 to 83% (mean 67%).

At the start of the experiment, the participating professionals sought one or two residents who previously had proven to be capable of some organizational skills and were motivated to participate actively in the experiment. The active residents and professionals were trained together to work with the Studio BRUIS method (Penninx, 2016), which consists of a series of five workshops, in which participants explore the areas in which their interests and needs lie. In a sixth (concluding) workshop participants form small, independent circles that can be about a theme, a discussion, activity or social interaction.[1] Throughout the experiment there were three Learning Community days: plenary meetings in which residents and professionals exchanged experiences about the experiment and received instructions, assistance, and feedback from social professionals.

The experiment was evaluated by taking baseline and follow-up measurements using a questionnaire combined with qualitative research.

The quantitative measurements

A standardized questionnaire (Blair, Czaja, & Blair, 2014), was developed for the baseline and follow-up measurements. The questionnaire consisted of 59 closed questions about involvement in activities within the residential complex, quality of life, meaningfulness, self-reliance, loneliness and background information,[2] mostly to be answered with 3-point scales, 5-point scales and gradings, and occasionally by choosing substantial options offered (such as obstacles to participating in activities: *finances, health*, *mobility*).[3]

The questionnaire was taken in the summer of 2016 – before the start of the experiment – and 9 months later, in the spring of 2017. In both opportunities paper surveys were sent to the contacts of the housing complex, who spread them among all residents. For the baseline measurement ($T1$) 1147 residents were approached, and for the follow-up measurement ($T2$) 1156; the response was respectively 35%, $n = 405$ ($T1$) and 28%, $n = 312$ ($T2$). The sample of the follow-up is comparable to that of the baseline, in terms of average age (77 years) and percentage of women (67%), but the

subset of "stayers" who participated in both measurements ($n = 164$, 40% of $T1$) and for whom individual change can be assessed, is not representative for all the residents. These participants scored consistently higher on all substantive themes and are more positive about their situation and the residential complex than one-time participants. The differences are statistically significant only occasionally, but the pattern is consistent. The complete baseline and follow-up measurements, including one-time participants, yet give a wider picture of the social quality in the 10 residential complexes.

The qualitative study

To gain insight into perspectives and experiences of residents a qualitative study was conducted in four out of the 10 residential complexes. The choice for these four complexes was based on the baseline measurement of experienced social quality (see previous section) in the complex and the involvement of the professionals. Complexes were selected which at baseline gave an above-average positive, above-average negative or mixed positive/negative picture of social quality. This outcome was combined with qualitative information about the involvement of the professionals, given that one of the research questions was about the degree of support residents need from professionals (Table 1).

The researchers conducted intensive fieldwork at these four locations, gathering information through document analysis, participating observations, in-depth interviews, informal talks, and focus groups.

- **Documents:** Guide of the Studio BRUIS method, reports of the learning community meetings, announcements of activities in the complexes, newsletters, flyers, invitations, and email exchanges with residents and professionals.
- **Participating observations:** The researchers participated in various activities organized in the context of the experiment (workshops, training meetings, learning community meetings, clubs for manual crafts, darts contests, coffee time, community meals and cocktails). On these occasions, the researchers talked informally with residents.
- **In-depth interviews:** A total of 17 in-depth interviews were held, spread over the four selected residential complexes. The duration of the interviews ranged from 90 min to about 2 h.
- **Focus groups:** Two focus groups were held with active residents and one with 10 professionals involved in the experiment.

Data processing and analysis

Baseline and follow-up measurements

The data of all the completed questionnaires were analyzed with SPSS 22. Reliability analyses (Cronbach's alpha, Table 2) were conducted for the

Table 1. Complexes selected for the qualitative study.

Complex	Baseline picture of the social quality	Involvement of professional
1	Relatively negative	Active participation
2	Rather negative/gloomy	Active participation
3	Relatively positive	Following the experiment at a distance
4	Mixed positive/negative	Active participation

Table 2. Differences between the baseline and follow-up measurements for participants of both measurements on central scales and effect variables[1].

	Baseline measurement		Follow-up measurement			
	M	SD	*M*	SD	*p*	*N*
Scale (range)*						
Quality of life (0–2) ($\alpha = 0.85$; 4 items)	1.59	0.46	1.66	0.46	0.02	138
Meaningfulness (1–5)* ($\alpha = 0.69$; 7 items)	3.73	0.51	3.72	0.52	0.81	148
Self-reliance (0–2)** ($\alpha = 0.82$; 8 items)	1.51	0.41	1.53	0.57	0.43	149
Appreciation of social contacts in the residential complex (1–5)*** ($\alpha = 0.75$; 5 items)	3.66	0.59	3.70	0.55	0.46	135
Variable (range)						
Loneliness (1–4)	1.36	0.59	1.33	0.63	0.52	156
Grade on general social contacts (1–10)	7.60	1.1	7.45	1.3	0.32	142
Daily or more frequent personal contact with neighbors in residential complex (portion)	0.69	0.46	0.62	0.49	0.05	155
Participation in an organized activity in the residential complex (proportion)	0.65	0.48	0.72	0.45	0.04	152
Grade of activities in the residential complex (1–10)	7.30	1.34	7.30	1.27	0.81	126

Note. Scores range from low/none to high/a lot. On some items participants score are marginally significantly lower/higher: *marginally lower on "I have clear goals in my life" ($M = 3.88$ versus $M = 3.73$, $n = 147$, $p = 0.06$); **marginally higher on "I approach everything and everyone easily" ($M = 1.21$ versus $M = 1.31$, $n = 157$, $p = 0.06$); ***marginally higher on "The people in my residential complex can generally get along well with each other" ($M = 3.63$ versus $M = 3.78$, $n = 138$, $p = 0.07$).

scales used. Construct validity was determined by means of correlations between central concepts. The validity of other results was safeguarded by a systematic comparison of analyses between respondent groups and the various housing complexes.

The analyses examined mainly those respondents who participated in both the baseline and the follow-up measurements. Differences between measurements were established with a Chi-square test (and Cramers V) or Students *t*-test. To determine whether differences were statistically significant, the regular threshold value was maintained ($p < 0.05$). Because of the relatively small groups of respondents in some analyses, marginally significant differences ($p < 0.10$) are also indicated (see also Van der Vaart, Van Egmond, Machielse, & Bos, 2017).

Qualitative research

The researchers gave a "thick description" (Patton, 2015) for each participating observation. For all in-depth interviews a *contact summary form* (Miles & Huberman, 1994) was made that included a brief description of

the ambiance of the interview and the behavior of the informant. The interviews with residents were transcribed verbatim. Summaries were made of the interviews with the staff and the focus groups. In all phases of the research use was made of field notes and memos describing and motivating interim choices (theoretical, methodical and practical).

The researchers listened to each other's interviews and discussed the interpretations. This allowed for permanent peer checks (Patton, 2015). The main researcher (first author) coded and analyzed parts of the research material using MaxQda12. Subsequently, according to the constant comparative method (Glaser & Strauss, 1967), the coding was refined and analyzed by testing codes against new data. As members check the findings were discussed in the three focus groups with residents and professionals.

Results

The baseline measurement at the start of the experiment showed that most residents in the 10 complexes (64%) participated in internal activities (authors). Most-often mentioned activities are eating together (52%), drinking coffee (59%), volunteer work (29%), and manual crafts (27%). Residents who do not participate in activities give health problems or poor mobility as primary reasons. About one-third of the residents (35%) wished for *better* activities. About 20% of those who participate in activities are willing to help with organizing. Most of them (80%) wanted to participate only if others organize the activities. The baseline measurement also shows that many residents (72%) would like more social contact, preferably with children or friends, but also with other residents (18%).

Table 2 shows the differences between the baseline and follow-up measurements for the participants of both measurements with respect to activities, social contacts, loneliness, self-reliance, meaningfulness, and quality of life. The percentage of residents who participate in organized activities (such as book clubs, exercise, etc.) increased from 62% to 69%. The grade for the activities did not change though; per activity there are no differences with baseline for frequency of appreciation either.

For *social contacts* in and outside the residential complexes (frequency, with whom, need, and appreciation), the measurements show hardly any differences (Authors). During the follow-up measurement there was less frequent contact with neighbors in the residential complex (see Table 2); appreciation of the contacts with neighbors remained unchanged (with a marginally significant rise on the item whether residents were able to get along with each other). There were no differences in the grade for social contacts in general, degree of experienced loneliness, meaningfulness or self-reliance either. For "quality of life" a clear difference was observed:

participants who took part in both measurements reported a significantly higher quality of life in the follow-up measurement.

In summary, the main differences between the baseline and follow-up measurements are related to higher scores in quality of life, a greater share of residents who participate in organized activities, and slightly less intense frequent contact with fellow residents.

New activities

Early in the experiment new activities were launched in all the complexes. Some activities, like morning coffee or a walk-in café, were aimed at meeting other residents and getting to know them better. Other activities were aimed at small groups of residents with shared interests, such as walking, outings or flower-arranging courses. In all cases residents themselves contributed importantly to the organization of the activities: by recruiting participants, getting a location or a bus, or arranging for financing. In one complex a new boules court was set up after the residents raised part of the costs amongst themselves by organizing various (smaller) activities. In all complexes, a small group of active residents was very motivated to organize new activities. They hoped to get their fellow residents excited about it.

> You hope that you're getting something going. What you're actually hoping for is that people will join, because they see that it can be fun, and that you can have a nice evening, and that people do nice things with each other. (resident, c1)

Still, they noticed that a large portion of the residents never participated in social activities. Some did not have a need for activities in the residential complex. Others could not participate because of health problems and poor mobility. Besides, the needs of the residents who are of working age (and who often have a job) and of the "older" residents in the complexes varied enormously.

> It is very difficult to get people on the same page. The older residents say: "you don't take us into account," and if we organize something different that is more for the older ones, then [the younger residents] say: "you don't consider those of us who work." (resident, c2)

The active residents found it difficult to deal with this. They preferred to organize activities that were interesting for all residents.

New contacts

The new activities generally led to more contacts for participants. Those who joined got to know other residents and often kept in touch with each

other outside of the activities too. Sometimes the new activities also attracted different types of residents.

> There was also a new lady there. At first, she kept very much to herself. I think she felt like an outsider, but now she really is part of the group. She used to walk right past me, but now she wants to chat every time I run into her. (resident, c1)

Residents who took part in the experiment are now more aware of each other and keep an eye on their neighbors. This is about small things, like knowing each other's first name, greeting each other, or running an errand for someone.

> Suddenly, things were happening in our wing that we never did at first, like running an errand for each other or looking out for each other. That never happened. On my floor there are people I had never seen. Now we get together. So, this has really changed. (resident, c7)

Many active residents worried about those residents who lived reclusively and were nearly invisible. They wanted to do something about it but did lack the knowledge and expertise to bring loneliness into the discussion. Some residents did not feel responsible for this and refrained very deliberately from establishing contact with these withdrawn residents.

The need for professional support

Although most residents liked to participate in activities at their complex, they were reticent when it came to organizing them. They did not consider themselves capable, had too little experience, did not know just how to begin, or were insecure about being able to get others on board. Many residents considered themselves to be too old or felt limited by health problems, as one resident articulates:

> Now listen, I'm past that. Then I think: now that I'm so old, I've had enough. I'm not organizing anything anymore. (resident, c7)

The active residents admitted that they needed the support of a professional, someone who would have ideas about feasible goals and can get things moving. The professional was also indispensable toward activating other residents.

In one complex the hired professional hardly cooperated in the experiment. The active residents would have liked things to be different.

> What we find a pity is that we have no one who will give us support or collaborate with us. As a core group we need guidance and support. We want to learn things and acquire tools to make things a bit easier. (resident, c3)

Professionals too stated that their efforts were needed. They mainly saw a role for themselves when there was resistance from residents or when there were confrontations and conflicts.

> Our role from the corporation's side is to process an idea into a success. Once an activity gets going, we take a step back and will be needed mainly to solve things now-and-then. (professional, c2)

Discussion

In the current study we found that nearly two-thirds (64%) of the residents in the housing complexes have a great need to participate in social activities and informal networks in the complex. This confirms the findings of other studies showing that older adults with reduced economic resources are dependent on contacts in their immediate surroundings (Buffel et al., 2012; Cornwell, Laumann & Schumm, 2008). However, the baseline measurement shows that only a small part of those who join the activities is also willing to help out organizing them (20%). This finding is in line with outcomes of an evaluation study regarding various Dutch initiatives that invoke self-organizing capacity of citizens. This study made clear that many citizens are not unwilling but unable to take active roles (WRR, 2017).

Most residents (80%) only want to participate when others organize the activities. Many residents do feel a need to have activities but believe to be lacking the proper knowledge and skills to help organize them. They think they are too old to get involved actively, feel hindered by health problems, or are used to activities being organized for them. It also seems that active residents do not feel they are sufficiently equipped to activate all residents. These findings are in line with previous studies (Kaida & Boyd, 2011; Mathie & Cunningham, 2003) that found that the capacities of active residents to foster social participation by mobilizing fellow residents and creating new networks in the complex is limited. Residents who are willing to make active efforts toward social vitality in their housing complex need a facilitating professional who provides ideas think along about implementation and ensures continuity. The professional can help get the process started, set goals, make plans and implement them, and motivate other residents. Even after the activities have started, professional support is needed. During the process it turns out that plans are not always implemented in an intended way. The help of professionals is also indispensable when resistance or conflicts arise as an unavoidable part of the change process (Machielse et al., 2017).

The study makes clear that intergenerational contacts in housing complexes for seniors are not self-evident, because younger residents often have their network and social activities outside the residential complex. The expectation was that the younger residents would be willing to organize activities in which the older residents could easily participate. However, the outcomes make clear that most younger residents have no need for activities in the housing complex or close relationships with older residents.

They have chosen to live in a complex for the elderly with a view of the future. Another finding is that involving residents with a strong indication for care, limited mobility or serious feelings of loneliness hardly ever works out and adds a lot of stress to those making the efforts. These findings confirm recent research in the Netherlands demonstrating that vital older adults are less likely to support residents in need of care if the proportion of these residents is too large because the burden is then too high (Spierings & Ache, 2018). Besides, the preferences of the residents vary considerably. Not all older adults have a need to participate in intern social activities.

The baseline measurement and the follow-up measurements show that the experienced social quality in the housing complexes remained basically unchanged. The most important difference that comes forth is that those residents who participated in both measurements report a higher *quality of life* at follow-up than at baseline. The share of residents participating in activities at the time of the follow-up measurements is higher than before. No significant changes were found for the *type of activities in the residential complex,* the *appreciation* of the activities, and for meaningfulness, loneliness, and self-reliance. The appreciation of *social contacts in general and in the complex* remain unchanged for most points, but people are slightly more positive about "getting along well" in the residential complex. The intensity of the contacts in the complex seems to have dropped slightly (with respect to having contact daily or weekly up to less than twice a year).

Limitations

Our study has some limitations. When interpreting differences between baseline and follow-up measurements, it should be kept in mind that those residents who participated in both measurements were more positive in general and probably more involved. Given that particularly this group of residents will be aware of the experiment, it is remarkable that only few noteworthy differences were found. For the same reason, it seems plausible that significant changes – mainly the higher score on the quality of life – are related to the experiment. Nonetheless this remains uncertain, as many factors external to the intervention may influence social quality in the residential complexes. Discrepancies with the qualitative findings can be interpreted similarly, as individuals or on a small-scale people might be more active or have more contacts due to the intervention. The qualitative research reveals such developments at micro level. In all housing complexes active residents, together with professionals, set up new activities that often lead to new contacts, although the number of residents involved remained

limited. In a small survey it is difficult to establish effects of a single intervention on such broad themes.

Conclusions

In conclusion, we can state that the "Vital Living Communities" experiment resulted in two main quantifiable outcomes for participating residents; increased quality of life and a higher degree of participation in organized activities. Qualitative outcomes show that more developments can be seen at the micro-level. In all complexes, active residents – together with professionals – set up new activities that often led to new contacts. Strengthening social quality in residential complexes for older adults seems to be a gradual change process that requires permanent attention from active residents and supportive professionals.

Notes

1. Residents did not have to pay to participate in these activities. The professionals were paid by the housing corporation.
2. Questions about these themes were included because they can influence the experienced social quality in the complexes.
3. Most scales are derived from the evaluation "Voor Mekaar" (Wolffers & Stam, 2018). To measure loneliness, the direct question of De Jong Gierveld was used (de Jong-Gierveld & Kamphuls, 1985). Meaningfulness was measured with a scale of seven items, based on the dimensions of Derkx (2016).

Funding

This work was supported by the experiment program "Langer Thuis" [Longer at Home] of Platform31, which was funded by the Ministry of Internal Affairs and the Ministry of Health, Welfare and Sports in the Netherlands [S0407B0].

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